

AUG 24 2005

FACSIMILE

Moore & Van Allen

FROM	Michael G. Johnston
TELEPHONE	919 286-8037
FAX	919 416-8337
DATE	Wednesday, August 24, 2005 2:40:16 PM

PAGES INCLUDING COVER SHEET	37
USER NUMBER	013341
CLIENT/MATTER	000019

Moore & Van Allen PLLC
Attorneys at LawSuite 500
430 Davis Drive
PO Box 13708
Research Triangle Park, NC 27709Courier:
Suite 600
430 Davis Drive
Morrisville, NC 27560T 919 286 8000
F 919 286 8199
www.mvalaw.com

Attention:

TO	Gary Jackson
COMPANY	USPTO
TELEPHONE	
FAX	1-571-273-8300

Remarks:

To comply with certain U.S. Treasury regulations we inform you that unless expressly stated otherwise any U.S. Federal tax advice contained in this fax including attachments is not intended or written to be used and cannot be used by any person for the purpose of avoiding any penalties that may be imposed by the Internal Revenue Service.

IF FAX IS ILLEGIBLE OR INCOMPLETE, PLEASE CALL 919 286 8180 OR 800 333 3729.

Unless otherwise indicated, a facsimile machine printout of this document shall be considered an original counterpart of the document, and a writing with the sender's signature, if any, printed thereon deemed an original signature. The information contained in this facsimile message is attorney privileged and confidential information intended only for the use of the individual or entity named above. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is wrongful and may subject you to civil liability. If you have received this communication in error, please immediately notify us by telephone, and return the original message to us at the above address via the U.S. Postal Service. Thank you.

Charlotte, NC
Charleston, SC

RECEIVED
CENTRAL FAX CENTER

AUG 24 2005

PTO/8B/21 (09-04)

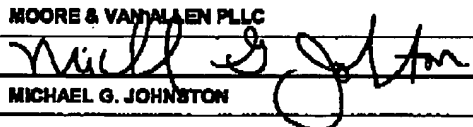
Approved for use through 07/31/2006. OMB 0851-0081

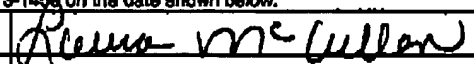
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/055,280
	Filing Date	September 30, 2002
	First Named Inventor	Jeffrey C. Leung
	Art Unit	3731
	Examiner Name	JACKSON, GARY
	Attorney Docket Number	013341-000018
Total Number of Pages in This Submission		

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavit/Declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Documents <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Copy of 1 Cited Non-US Patent Reference.
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	MOORE & VANHALEN PLLC		
Signature			
Printed Name	MICHAEL G. JOHNSTON		
Date	August 24, 2005	Reg. No.	38,194

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO (fax number 571-273-8300) or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1480, Alexandria, VA 22313-1456 on the date shown below.			
Signature			
Typed or printed name	Laura McCullen	Date	August 24, 2005

This collection of information is required by 37 CFR 1.8. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 36 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1480, Alexandria, VA 22313-1480. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1480, Alexandria, VA 22313-1480.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

RECEIVED
CENTRAL FAX CENTER

AUG 24 2005

PTO/SB/17 (12/04)

Approved for use through 07/31/2008. OMB 0661-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). <h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">For FY 2005</h3>		Complete If Known	
		Application Number	10/065,280
		Filing Date	September 30, 2002
		First Named Inventor	Jeffrey C. Leung
		Examiner Name	Gary Jackson
		Art Unit	3731
		Attorney Docket No.	013341-000019
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
TOTAL AMOUNT OF PAYMENT (\$) 1,360.00			

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>13-4365</u> Deposit Account Name: <u>Moore & Van Allen PLLC</u> For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee	
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments	
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2036.	

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
	FILING FEES <small>Small Entity</small>		SEARCH FEES <small>Small Entity</small>		EXAMINATION FEES <small>Small Entity</small>		
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____
2. EXCESS CLAIM FEES							
Fee Description		Fee (\$)	Fee (\$)				
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent		50	25				
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent		200	100				
Multiple dependent claims		360	180				
Total Claims <u>30</u> - 20 or HP = <u>10</u> - 7 = 3 x <u>Fee (\$)</u> <u>\$60.00</u> = <u>Fee Paid (\$)</u> <u>\$160.00</u>							
HP = highest number of total claims paid for, if greater than 20 *7 extra claims paid for at filing.							
Indep. Claims <u>3</u> or HP = <u>3</u> x <u>Fee (\$)</u> <u>_____</u> = <u>Fee Paid (\$)</u> <u>_____</u>							
HP = highest number of independent claims paid for, if greater than 3							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets <u>_____</u> - 100 = <u>_____</u> / 50 = <u>_____</u> (round up to a whole number) x <u>Fee (\$)</u> <u>_____</u> = <u>Fee Paid (\$)</u> <u>_____</u>							
4. OTHER FEE(S)							
Non-English Specification, \$130 fee (no small entity discount)							
Other: <u>3 Month Extension of Time and IDS</u>							
		\$1,200.00					

SUBMITTED BY		
Signature 	Registration No. (Attorney/Agent) <u>38,194</u>	Telephone (919) 298-8000
Name (Print/Type) <u>Michael G. Johnston</u>	Date <u>08/24/2005</u>	

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1480, Alexandria, VA 22313-1480. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1480, Alexandria, VA 22313-1480.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.